

## **Reference Form**

## NYIT College of Arts & Sciences Master of Science in School Counseling

APPLICANT INFORMATION									
Last name	First name		Middle nan	ne					
Preferred Phone number		Preferred email							
Address									
City	State	Zip code							
Please complete the above portion and distribute Your references can either submit the form back to email/fax/mail (see contact information at the end	o you in a sealed envelo				-			nt via	
I give permission for this information to remain	confidential and not ma	de available to me.							
I reserve the right to view this information.									
Applicant's signature			Date			MM/E	DD/YY	YY	
REFERENCE INFORMATION									
Last name	First name		Middle nan	ne					
Title	1 ii St Haine		- Wildale Hall						
Preferred Phone number		Preferred email							
Address		Treferred citian							
City	State	Zip code							
How long have you known the applicant?      Please indicate how you know the applicant.	From	MM/DD/YYYY	То			MM/E	DD/YY	YY	
3. Please assess the following characteristics provide an example of a specific activity or	action performed by	the candidate which yo	u believe sup	ports	our r	ating.	te, ple	ease	
<b>5</b> = superior, top 5%	<b>3</b> = above average, to	•	1 = low level, bottom 50%  d/k = don't know/no basis for judgment						
4 = high level, top 10%	2 = average level, top	50%	<b>d/k</b> = don't	know/r	no bas	sis for j	udgme	ent ———	
				d/k	1	2	3	4	5
a. Demonstrates professional behavior									
Comments/example									
				d/k	1	2	3	4	5
b. Demonstrates ethical behavior									
Comments/example									

		d/k	1	2	3	4	5
c. Displays a commitment to social justice							
Comments/example							
		d/k	1	2	3	4	5
d. Has demonstrated leadership potential							
Comments/example							
Out the state of a few days to the state of	- •	d/k	1	2	3	4	5
e. Considers situational and environmental factors that influence beh  Comments/example	avior						
Comments/example							
		d/k	1	2	3	4	5
f. Actively engages in activities that will improve professional effective	anass	U/K					
Comments/example							
		d/k	1	2	3	4	5
g. Shows a genuine interest in working with children, youth, and teen	 S						
Comments/example							
4. Please rate the candidate on your overall sense of his/her ability and	potential						
		d/k	1	2	3	4	5
a. As a Master's degree candidate							
b. To undertake a rigorous academic course of study							
5. Please provide any additional comments regarding this applicant's ab	ility and potential to become an	effect	ive so	chool	couns	elor	
Signature	Date			MM/I	DD/YY	YY	
CONTACT INFORMATION							
Please submit reference form via mail/fav/email							

New York Institute of Technology College of Arts and Sciences

Attn: Erin Fabian

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